

**Texas Department of Health  
Bureau of Radiation Control  
Request For Disability Accommodation for Industrial Radiography Examination**

If you have a disability requiring appropriate accommodations in taking the industrial radiography examination, be sure to complete and submit this form along with the application. In addition, please attach a statement on letterhead stationery from a professional who is familiar with your disability that describes the disability for which you require accommodation. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

1. Do you have any disability-related needs that we should be made aware of in order to provide appropriate accommodations for the examination? If the answer is yes, please specify.

Disability \_\_\_\_\_  
\_\_\_\_\_

2. Have you had any prior accommodations for your disability in an examination setting? If you answer yes, specify the type of accommodation. Have a professional familiar with your disability complete this information, if needed.

Disability	Type of Test Accommodation
_____	_____
_____	_____

3. If you have NOT had prior accommodation for an exam, have a professional help you answer this question who knows your disability and the type of accommodation you need.

Disability	Type of Test Accommodation
_____	_____
_____	_____

Please sign and date the bottom of this form. The professional who helps your complete this form must also sign and date this form.

_____ Signature (Applicant)	_____ Date
_____ Signature (Professional)	_____ Date